## 11600209589

| (Requestor's Name)                      |                          |  |  |  |
|---|--------------------------|--|--|--|
| (Address)                               |                          |  |  |  |
|   | (Address)                |  |  |  |
|   | (City/State/Zip/Phone #) |  |  |  |
| PICK-UF                                 | WAIT MAIL                |  |  |  |
| (Business Entity Name)                  |                          |  |  |  |
| (Document Number)                       |                          |  |  |  |
| Certified Copies                        | Certificates of Status   |  |  |  |
| Special Instructions to Filing Officer: |                          |  |  |  |
|   |                          |  |  |  |
|   |                          |  |  |  |
|   |                          |  |  |  |

Office Use Only



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FILING CANCELLED RETURNED CHECK



M. MOON NOV 14 2016

## **COVER LETTER**

|             | Registration Section<br>Division of Corporations                            |  |             |
|-------------|---|--|-------------|
| SUBJEC      | r: Step B   | y Step Painting  mited Liability Company   |             |
|             | Name of Li  | mited Liability Company  |             |
| The enclo   | sed Articles of Organization and fee(s) ar                                  | re submitted for filing.   |             |
| Please ret  | urn all correspondence concerning this m                                    | natter to the following:   |             |
|             | $\mathbb{B}_{r}$  | rithmee Pierce   |             |
|             |   | Name of Person   |             |
|             | Step B  | y Step Painting<br>Firm/Company  |             |
|             | 1850 N Congress A   | Ne API F303  |             |
|             |   | Address  |             |
|             | West Palm Beach, FL   | 3340] City/State and Zip Code  nail. Com d for future annual report notification)  |             |
|             | (   | City/State and Zip Code  | <del></del> |
|             | Kid Kid \$783(@gn   | nail. Com  |             |
|             | E-mail address: (to be used   | d for future annual report notification)   |             |
| For further | information concerning this matter, pleas                                   | se call:   |             |
|             | Brittmee Pierce at (  | 561 670-1975  Area Code Daytime Telephone Number   |             |
|             |   |  |             |
|             | s a check for the following amount:   |  |             |
| \$125.00 F  | Siling Fee \$\times Certificate of Status                                   | \$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is en | us &        |
|             | Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327 | Street Address  New Filing Section  Division of Corporations  Clifton Building   | The PHI2: 2 |
|             | Tallahassee, FL 32314   | 2661 Executive Center Circle   |             |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILING CANCELLED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

| Step By Paintin  | a L.L.C. RETURNED CHI                                     |  |
|--|---|--|
| (Must end with the words "Limited Liabil   | <u> </u>  |  |
| ARTICLE II - Address: The mailing address and street address of the principal office o   | f the Limited Liability Company is:                       |  |
| Principal Office Address:  | Mailing Address:  |  |
| 1850 W Congress De AP+F303<br>Westfalm Baurn, FL 33401   | 1850 N congress Are AP+ F303<br>West Palm Beath, FL 33401 |  |
| ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.) | tered Agent. You must designate an individual or          |  |
| The name and the Florida street address of the registered agent $\mathbb{R}^{n}$   |   |  |
| <u>Brittinee</u><br>Nam  | <del></del>   |  |
| 1850 W Congress Florida street address (P.O.   |   |  |
| West Palm Beach  | FL 33-101   |  |
| City   | State Zip   |  |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| the document's effective date on the Department of SARTICLE VI: Other provisions, if any.  | state s records.   |  |
|--|--|--|
| ARTICLE V: Effective date, if other than the date of fif an effective date is listed, the date must be specificate of filing.)  Note: If the date inserted in this block does not meet | ic and cannot be more than fi<br>the applicable statutory filing | ve business days prior to or 90 days after |
| (Use attachment if necessary)  |  |  |
|  |  |  |
| AMBR   | <u>livest Palm Bear</u><br>Crissie Dols                          | anuil<br>so Ave Apt F303                   |
| Title: "AMBR" = Authorized Member "MGR" = Manager  | Name and Address:  Brithmee Piera 1850 N Congres                 |  |

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Brittinee Pierce
Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)